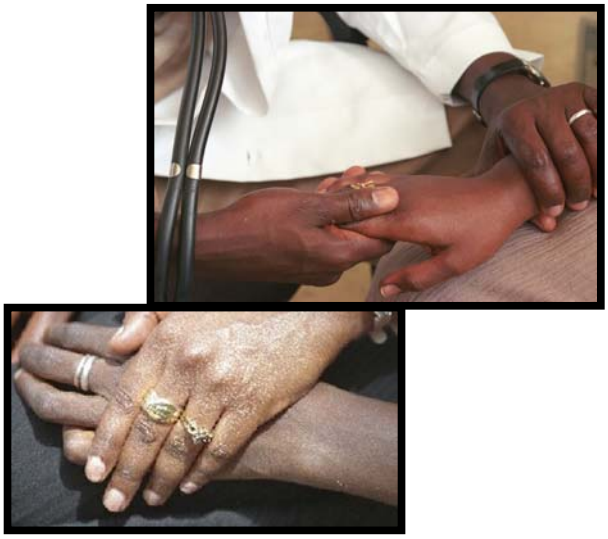

USAID/Guinea

HIV/AIDS Prevention and Support Strategy 2002 - 2005

Changing behavior that favors the prevention of HIV infection through the increased use of HIV/AIDS prevention services, products and practices

USAID/Guinea HIV/AIDS Strategy 2002-2005

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Executive Summary

New evidence from the USAID/Guinea-sponsored HIV seroprevalence study in December 2001 indicates that HIV prevalence in Guinea has been underestimated. The prevalence rate among urban pregnant women in Guinea is nearly three times the rate previously reported by UNAIDS. Prevalence rates among other high risk groups were also high. In order to better target its limited resources, the Mission will shift much of its AIDS funding to regions more impacted by the AIDS epidemic (the greater Conakry area and Forest Guinea). At the same time, because there is an ongoing health project in Upper Guinea with major child survival and reproductive health interventions, the Mission will maintain that activity and insure inclusion of HIV/AIDS interventions with a limited amount of HIV/AIDS funds. This project will also expand its HIV/AIDS interventions to cover two pockets of high risk mining populations that are located in its intervention area including a gold mine with over 1,000 employees.

The USAID/Guinea HIV/AIDS strategy aims to contain the spread of HIV into the general population through preventative measures targeted at specific high-risk groups and high prevalence areas and by taking measures across sectors to influence political commitment, policy, the institutional setting, multi-sector programming, and the engagement of civil society. In both cases, changes in personal perception of risk and sexual behavior are the main tenets of the strategy. Under the leadership of the Ambassador, the Mission will work to ensure that top-level political leadership commits to addressing HIV. USAID/Guinea and other agencies such as Peace Corps and the Department of Defense, will work to closely coordinate agency and other donor efforts, to leverage substantial resources from the private sector and other donors, and to target AIDS prevention interventions to specific population groups and high-prevalence areas.

Prevention constitutes the cornerstone of the strategy, but interventions also include selected measures to strengthen voluntary counseling and testing services and to reestablish surveillance sites so that seroprevalence rates and program impact can be monitored. USAID will also work to stimulate national priority setting for a range of technical issues which have become concerns, but which may not yet have technical guidelines to guide health worker or policy actions, including preventing mother-to-child transmission, anti-retroviral therapy, treatment protocols for care, support and treatment of Persons living with HIV/AIDS, breastfeeding, palliative care; treatment of opportunistic diseases and tuberculosis.

USAID/Guinea views AIDS prevention as critical to the continued economic and social development of the nation and not the sole responsibility of the Health Strategic Objective Team within the Mission. The Mission believes that building on its ten years experience in HIV prevention to create leveraged, targeted multi-sector prevention and support activities is the most efficient use of the funding available. The Mission will use the infrastructure of non-health USAID-funded projects to reach at-risk groups in other regions with AIDS prevention initiatives.

Guinea is now at a critical crossroads where the current level and pattern of distribution of HIV infection provide a window of opportunity in which the U.S. Mission, with coordinated efforts by the Government of Guinea (GOG) and other

donors, can significantly contain both the spread and impact of the epidemic in Guinea.

1. Country situation

1.1 Current Status of the Epidemic

The overall prevalence rate for Guinea is 2.8%[1] with an estimated 97,000 people between the ages of 15 and 49 currently infected. The HIV seroprevalence survey shows that the epidemic has now spread into the general population. It also identified Guinea's high-risk population groups and high prevalence areas. The survey showed that pregnant women in urban areas have an HIV prevalence of almost 4.4%, nearly three times the most pessimistic rate previously reported by UNAIDS. The capital city of Conakry, home to 20% of Guinea's population, has a prevalence rate of 5% among pregnant women.

Other results for high-risk groups covered by the 2001 seroprevalence study show the following: forty-two percent of commercial sex workers (CSWs) are HIV positive. OSFAM/PSI (Options Santé Familial – Population Services International) estimated in their 2000 Marketing Plan that Guinea has approximately 10,000 commercial sex workers. Transporters were found to have an HIV prevalence rate of 7.3%. OSFAM/PSI estimated in their 2000 Marketing Plan that Guinea has approximately 220,000 people engaging in transportation. Military personnel have an HIV prevalence rate of 6.6%. Guinea has slightly more than 20,000 soldiers in their military. Miners have an HIV prevalence rate of 4.7%. The five largest mining companies have a direct employment of over 5,000 Guineans,[2] plus an additional 10,000 contractor employees. The nationwide prevalence among all youth 15 to 24 is 2.5%. Prevalence for out-of-school youth is about 3%; prevalence for young people in school is about 2.1%. Out-of-school youth are thought to number about 1.1 million. Finally, over 91,000 refugees from Liberia and Sierra Leone now reside in UNHCR refugee camps within Guinea. Typically, refugees have been found to have high STI rates and refugee camps may lack adequate health facilities, STI drugs or condoms.

1.2 Factors influencing the spread of HIV in Guinea

This section examines the factors predisposing and impeding the spread of HIV in Guinea as a basis for determining the types of interventions required.

Factors Predisposing the Spread of HIV in Guinea

Poverty. Guinea remains one of the poorest nations in the world, despite being endowed with tremendous natural resources. Guinea's long history as a socialist economy, low literacy rates and unattractive business climate combine to perpetuate poverty. The Agency's own experience shows an undisputed link between poverty and HIV transmission, with women, adolescents, and other marginalized groups most susceptible to acquiring the virus.

[1] All 2001 Guinea HIV prevalence and behavioral figures in the document are based on the 2001 ESSIDAGUI Seroprevalence Study, unless otherwise specified.
[2] KAP Study on HIV/AIDS in Guinean Mining Areas (ECAPMINES 2001), OSFAM/PSI and Stat-View Association, 2001

Political Instability. At one stage, Guinea hosted about one million refugees as a result of political instability in the sub-region. The migration has primarily been from Sierra Leone and Liberia and, while neither neighboring country's HIV prevalence rates are known, it has been shown that HIV spreads rapidly in situations of conflict and increased population migration. In these conditions, the norms and values that govern sexual behavior break down and rape and consensual sex for food and security become more common. More recently, cross-border attacks on Guinea resulted in widespread paramilitary conscription and the internal displacement of large numbers of Forest Region inhabitants.

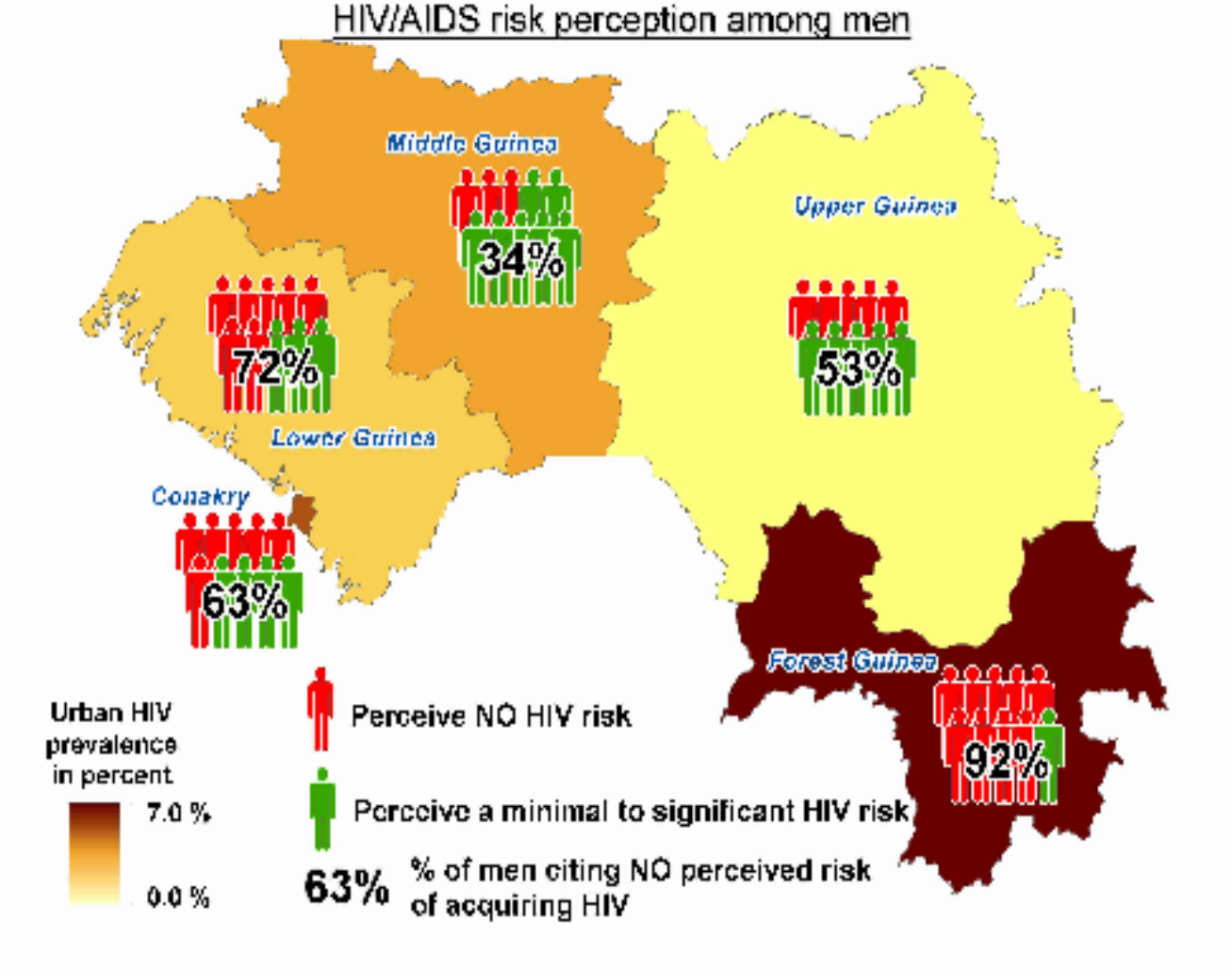
Male Sexual Behavior. Only 27% of males used a condom in their last sexual encounter with a non-regular partner while one in ten men aged 20-29 had presented with a sexually transmitted infection in the past 12 months, thereby greatly increasing the risk of transmitting HIV. Multiple partners are common with almost 25% of Guinean men stating that they had at least one additional sexual partner other than their spouse(s) during the preceding twelve months. Furthermore, 34% of married men are polygamous. Men therefore function as bridge between the high-risk groups and the general population.

Male Sexual Perceptions. The 1999 Guinea Demographic Health Survey (DHS) cites disturbing figures regarding men's perceived risk of acquiring HIV particularly when contrasted with actual HIV prevalence rates uncovered in the 2001 survey. Ninety-two percent of men in Forest Guinea felt that they were at no risk of acquiring HIV. In reality, 7% of urban-based pregnant women in Forest Guinea are HIV positive[3]. In addition, 92% of men in Conakry believed that they were either not at risk or at minimal risk of acquiring HIV (63% and 29%, respectively) while one in twenty pregnant women in Conakry tested HIV positive.

Female Sexual Behavior. Guinean women have low levels of consistent condom use with non-regular partners, despite relatively high levels of knowledge about condom use. Sixty-five percent of women know about condoms, including 93% of unmarried women, yet only 18% used a condom in their last sexual encounter with a non-regular partner. Eight percent of women aged 20-29 had presented with an STI during the preceding 12 months. Sexual intercourse among girls begins at an early age in Guinea with a median age of 16.4 years at their first marriage. Men are typically 26.2 years old at their first marriage[4]. Early sexual initiation increases the risk of acquiring HIV because the immaturity of the cervix predisposes girls to infection. The longer sexual histories of their older husbands may increase the likelihood that he will be HIV positive.

[3] The 2001 ESSIDAGUI Study's sample size was not large enough to render differences statistically representative between the urban areas of the four regions of Guinea. The 7% cited for urban areas of Forest Guinea, however, does lend additional evidence that urban areas throughout the country (4.4%), and the region of Forest Guinea (3.3%) are dealing with a more advanced state of the epidemic.

[4] Guinea Demographic and Health Survey, 1999.



Map One: Risk Perception among men vs. HIV prevalence among pregnant women
(Sources - 2001 National HIV Prevalence Study and 1999 Demographic Health Survey)

Factors That Slow the Spread of HIV in Guinea. There are several factors that act to reduce the risk of HIV transmission in Guinea:

Knowledge Levels**.** Guinean men know about condoms and where they are available. Condom social marketing and public health sector initiatives have brought about a tremendous shift in attitudes and use of condoms over the years. Knowledge of condoms among males increased from 44% in 1992 to 79% in 1999. Married men who use condoms increased from 4.5% in 1992 to 18% in 1999[5]. Condom sales in the Guinean private sector doubled from 1998 to 2001, and are currently over 7.5 million units sold annually[6].

[5] Guinea Demographic and Health Survey, 1999.
[6] Based on Implementing Partners' Sales Reports.

Urban Concentration. The current concentration of the epidemic in urban areas presents opportunities to reach large proportions of the affected population through behavior change and condom social marketing activities in a cost-effective manner.

Male Circumcision. All Guinean ethnic groups circumcise their male children at a pre-pubescent age. Male circumcision is associated in the literature with a significant reduction in the risk of HIV transmission.

Progress in Overcoming Taboos. Discussions of sexuality have traditionally been taboo in Guinea. Several USAID-funded activities have focused on de-stigmatizing sexuality and helping people talk about issues related to sexual behavior and condom use. As a result, religious, community and political leaders are beginning to speak publicly about HIV/AIDS and the need for changes in sexual behavior. These positive changes are reflected in the increases in knowledge about HIV/AIDS and increases in condom use and sales.

1.3 Government of Guinea Response

The Government of Guinea (GOG) responded to the discovery of the first AIDS cases in Guinea in 1986 with the creation of a National AIDS Committee (NAC). Several AIDS control plans were subsequently elaborated, culminating in a National AIDS Control Policy signed into law on November 25, 1998. The policy outlined the institutional framework of the national response at the central, prefecture and sub-prefecture levels. The impact of the response was weak primarily because of a lack of commitment, poor leadership, and inadequate resources. Weaknesses noted by a January 2002 World Bank assessment included inadequate human, material and financial resources; weak inter-sector collaboration; weak collaboration between the implementing agencies; weak implementation; non-functioning of the NAC technical committees and Ministry points-people; and a lack of monitoring and evaluation support for prefecture-level committees.

The GOG responded to this analysis by rapidly transforming the institutional framework for dealing with HIV/AIDS. A National AIDS Coordinating Committee was created as a prerequisite for having access to a $20 million World Bank loan, to be administered by the GOG. This Committee reports to the Prime Minister, and has the primary responsibility for coordinating the Guinean government's multi-sectoral response to AIDS. In addition, during the past year various ministries have written action plans that define how each Ministry will work to combat AIDS in their respective sectors. These plans have been formulated and circulated as the Government's action plan for fighting AIDS.

In February 2002, the Health Ministry's National AIDS Control Program (NACP) was reorganized into the Health Ministry's National Health Program of Care and Support (NHPCS). The NHPCS manages all clinical elements of the Guinean government's response to the epidemic: surveillance, testing, counseling, and support for persons living with HIV. Nevertheless, these programs are weak or non-existent on the ground. Since funding ended in 1996, there has been no HIV sentinel surveillance program in the country. Similarly there are no VCT programs in place in public sector facilities. The Ministry of Communication manages behavior change communication and sensitization while the Ministry of Planning supervises epidemiological research.

Nevertheless, high-level support from GOG has progressively improved and the Guinean government appears to acknowledge the extent of the HIV/AIDS problem On World AIDS Day 2001, for example, the President of Guinea spoke publicly about the reality of AIDS in Guinea for the first time. The Prime Minister has addressed religious leaders on AIDS and family planning issues and the Minister of Health has reacted constructively to the findings of the HIV seroprevalence survey. Overall, donors are cautiously optimistic that the newly organized NHPCS and the establishment of a multi-sector AIDS Council under the leadership of the Prime Minister will revitalize the national response to AIDS.

1.4 Current USAID/Guinea Program Coverage

In March 2001, USAID/Guinea adopted a policy that mandated the inclusion of HIV prevention messages in all USAID-funded events. The order has raised awareness and promoted dialogue among all USAID/Guinea partners about the possible impact of AIDS on their sectors and the need for HIV prevention. An AIDS Working Group serves as a steering committee for AIDS activities funded by the Mission. Implementation of the new Mission policy has resulted in markedly increased collaboration among Strategic Objective teams and other partners within the community.

1.4.1 USAID/Guinea's Health Strategic Objective. USAID/Guinea's Health SO2 works to ensure that Guineans are able to obtain relevant information, condoms, and services.

Condom Social Marketing. A nation-wide private sector social marketing project supported by the Mission and implemented by PSI, has dramatically improved the availability of condoms throughout Guinea. From 1998 to 2002, annual sales in the private sector have increased by 150% and are expected to reach almost 7.7 million units this year. Condoms are available in small commercial outlets in 96% of the sub-prefectures in rural Guinea and at weekly markets in the remaining 4%. PSI's behavior change communication activities aim to increase the perception of personal risk in terms of HIV/AIDS transmission and to change high-risk behavior. These activities place a special emphasis on targeting high-risk groups such as out-of-school youth, mine workers, and commercial sex workers. The PSI program has worked with religious and community leaders to build social support for HIV/AIDS education in general and condom distribution. Peer education, radio call-in-shows, concerts, workshops, billboards, and cultural and sports activities are a few of the innovative media used to promote condom use and HIV prevention. The PSI program has leveraged significant funding ($5.75 million) for HIV prevention from KfW. For the new project, PSI has leveraged twice that amount. Other funds come from the Alcoa Foundation ($150,000) for work with Guinea's largest mining company) and a World Bank supported project in the mining sector ($10,000).

PRISM. A major activity in the public sector is the integration of STI/AIDS prevention and services into the routine work of health centers in Upper Guinea, the Mission's current target region for the PRISM project. Service providers are trained in STI service delivery including the syndromic approach, supervision and counseling as well as referral services. Drugs are essential in STI management and the Mission has given priority to improving the MOH's weak drug logistics system. Training in essential drug management is provided at the central, regional and health center levels in order to

ensure the availability of appropriate STI drugs. Behavior change communication activities presently undertaken through the PRISM project aim to increase awareness of the risks of HIV/AIDS transmission and to change high-risk behavior. These activities place a special emphasis on targeting high-risk groups such as adolescents, the military, and miners. Support from cultural, community and religious leaders is cultivated to lend credibility to the activities. PRISM is implemented through a cooperative agreement with MSH and JHU/CCP. Key partners in its HIV prevention activities include Africare, SIDA3, PSI and the World Bank.

Family Health International/IMPACT. Through Global Field Support, USAID has supported the implementation of a national HIV prevalence survey, technical assistance related to sentinel surveillance and training for 42 HIV counselors. Key partners in these activities include the Ministry of Health, UNAIDS, GTZ, UNICEF, UNFPA, and the World Bank.

Child Survival grants. ADRA and Save the Children implement two child survival grants in Guinea. Each incorporates HIV/AIDS prevention messages into its community-based activities.

1.4.2 HIV/AIDS interventions within other SO teams

Education Interventions in HIV Prevention. Educational Development Center is a USAID partner that incorporates HIV/AIDS awareness raising in teacher training sessions. They are also developing a manual that instructs teachers on how to address HIV/AIDS prevention in the classroom. HIV/AIDS messages are incorporated in interactive radio lessons that are broadcast on national radio stations to schools throughout the country, also reaching a wide non-student audience. These interventions reached over 20,000 teachers and 200,000 fifth and sixth grade students in FY2002. In addition, USAID/Guinea's partner World Education includes HIV/AIDS themes as a component of training for parent/teacher Associations and civil society groups that promote girls' education. To prepare the GOG's Ministry of Education for the impact of the HIV epidemic on their already understaffed sector, the Education Strategic Objective Team began work in mid-2002 with the Mobile Task Team on HIV/AIDS and Education based at the University of Natal in Durban, South Africa.

Democracy and Good Governance Interventions in HIV Prevention. Following a training-of-trainers seminar on STIs and HIV/AIDS in June 2002, the Cooperative League of the USA (CLUSA) community-based field agents integrated HIV/AIDS awareness into its training programs. The awareness session addressed such topics as STIs, the history and definition of HIV, vectors for transmission of HIV, a discussion of the spread and danger of HIV in a rural community, and methods of preventing the spread of STIs including HIV. CLUSA proposes to expand these interventions as part of its program to assist communities in addressing their needs.

Natural Resource Management Interventions in HIV Prevention. Field extension agents and Winrock staff were trained in HIV/AIDS prevention in 2001 through PRIDE/Guinea-Formation, a sub-grantee of Winrock International under the Expanded Natural Resource Management (ENRM) project. As a result, these field agents are conveying HIV/AIDS related messages at meetings of community-based forest and natural resource management committees and agricultural producer groups. Winrock

International proposes to develop specific materials that will illustrate the linkages between HIV/AIDS and NRM to help agents in their efforts to raise awareness among the rural population.

PRIDE/Guinea-Formation made an HIV/AIDS prevention presentation during the annual NRM Partner workshop in January 2002 not only to raise awareness among partners, but also to offer their training services to partners who are interested in HIV/AIDS training for their staff or target population.

1.5 Lessons Learned From Prior USAID/Guinea Assistance

The key lessons distilled from USAID/Guinea's experience in the health sector which guide the HIV prevention strategy are:

Leveraging. Working with KfW trebled the resources available to the Guinean condom social marketing project. Leveraging like-minded donor support is essential to increase the impact of the health interventions because of the modest levels of donor funding in Guinea. The Guinean KfW/USAID condom social marketing project's impressive results over the co-funded portion of the project (1998 to the present) show that the increased impact garnered from this arrangement far outweighs any complications that may arise in co-funding relationships.

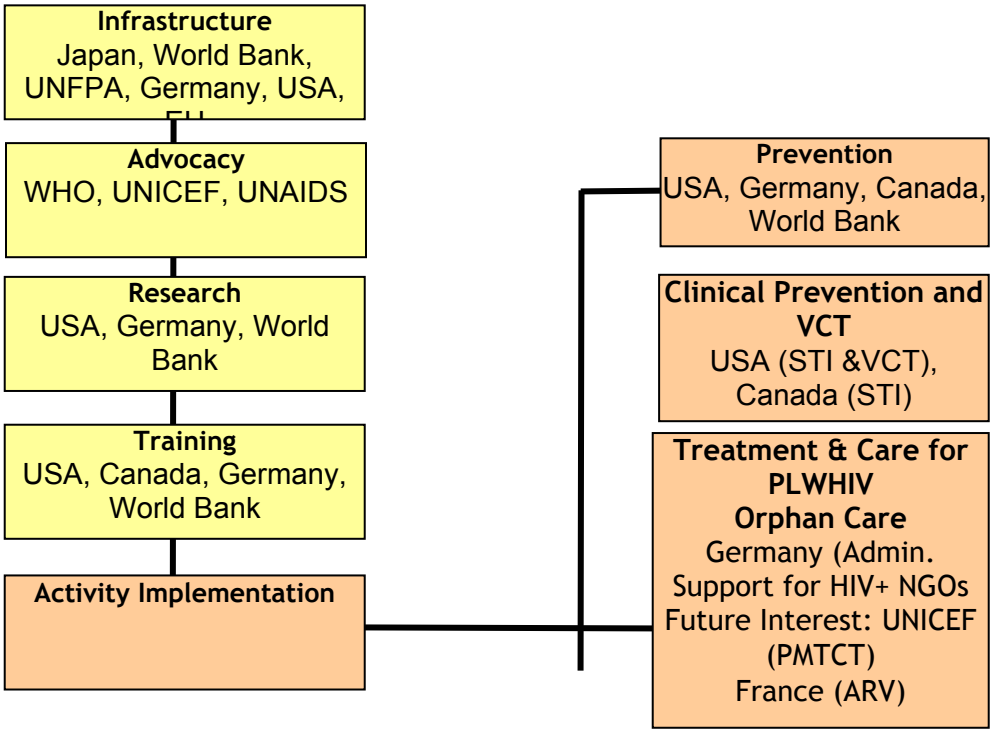
Coordination. When leveraging support is not an option, collaboration and coordination become even more critical in the Guinean context because of low funding levels. USAID/Guinea has successfully worked with other partners to avoid duplication and increase impact. USAID, WB, WHO and UNICEF jointly funded the 2001 HIV seroprevalence study which, along with the 1999 Demographic Health Survey, forms the knowledge base for HIV prevalence rates and Guinean attitudes towards prevention. The Mission has also worked with GTZ, which provided equipment, and the World Bank (WB), which provided the drugs, to increase the quality of STI services in health centers. The UNAIDS Country Program Advisor, who took up post in July 2002, will be instrumental in maintaining donor communication through the reestablishment of the AIDS donor coordination group.

USAID/Guinea's Comparative Advantage. USAID/Guinea is one of only three donors working at community level in Guinea's health sector and that has a significant field presence. While it has had considerable success in establishing and sustaining interventions at this level, success in working at the central level has been more qualified.

1.6 Main Partners and their Contributions

Despite the relatively low priority accorded to Guinea and the resultant low budgets with which donors must achieve results in a challenging context, all major donors have demonstrated an interest combating the spread of HIV/AIDS. The diagram overleaf below summarizes the actual and proposed interventions of donors along the prevention-to-care continuum. Details on each donor's contribution to the Guinean response to HIV/AIDS appear as Annex 3.

Diagram One: Donor Interventions in the Guinean Response to AIDS



1.7 Assessment of Guinea's Needs in Prevention, Care and Support

The epidemic in Guinea is now classified as generalized with an overall HIV prevalence level of 2.8%, pregnant women in urban areas at 4.4% and commercial sex workers at 42%. The needs include:

Sexually transmitted infection programs to prevent, treat and manage STIs in both the public and private sector.

Commodity assistance to increase the availability of condoms, STI drugs and drugs to treat opportunistic infections

Condom social marketing to assure access to condoms countrywide.

Behavior change interventions for high-risk groups. To promote behavior change, intensified, targeted peer education, media coverage, and other education programs are needed.

Policy and advocacy. A sustained effort is needed to secure and retain high-level commitment, increased awareness and action among decision makers in both the public and private sectors. Government managers, directors of private sector workforces and religious leaders should be targeted in order to assure appropriate policies and programs are in place.

Behavioral and epidemiological surveillance. Increased ability to undertake surveillance and monitoring of the epidemic through sentinel surveillance and periodic serological and behavioral surveys to confirm strategic direction, inform decision-making and maintain commitment.

Voluntary counseling and testing and other programs. VCT centers are not currently operational in Guinea although USAID has supported training of counselors. There is a need to support increased capacity to undertake voluntary counseling and testing, PMTCT, and treatment of opportunistic infections, and, eventually, treatment with ARVs. In addition, there is a need to develop of appropriate policies, national standards, quality assurance and reporting systems for these interventions.

Multisectoral programs. Working multisectorally is policy of both a GOG and USAID. The networks of the various sectors including education, workplace, civil society and many others make linkages logical and appropriate.

Support to NGOs. Support is needed to build capacity of local NGOs involved in prevention, care and support activities, including home based care, orphans and vulnerable children, stigma reduction, and advocacy of all kinds.

1.8 Target populations

The HIV seroprevalence survey results provide a sound basis for selecting the following target areas and populations for HIV interventions in Guinea. Under the new strategy USAID will target the following:

Urban Areas. Conakry has the second highest HIV prevalence rate (5%) of all urban areas in Guinea and is home to over 20% of Guinea's population. The urban areas of the Forest Region of Guinea have an HIV prevalence rate of 7%. For the purposes of this document, USAID/Guinea defines urban areas as any locality with a large conglomeration of people. Bauxite mining communities and truck stops in regional towns are thus considered urban areas.

Commercial Sex Workers and their Partners. Guinea has a thriving sex trade due in large part to local demand created by the mining industry, transportation workers, and the military and paramilitary groups. Commercial sex work, consensual sex for food or goods and the 'sugar daddy' phenomenon all increase the probability that women will become infected because of the economic power that men have and its impact on women's ability to protect themselves during sexual encounters.

Transporters were found to have an HIV rate of 7.3%. Truck drivers and bush taxi drivers travel frequently to bordering countries where there is conflict and/or high HIV prevalence rates. Likewise, travel restrictions due to early-evening lock-downs on entering Conakry may encourage unsafe sexual encounters during long stopovers. The major truck stops in Guinea are shown on the map below.

Map Two: Major Guinean Truck Stops

Out-of-school and urban youth**.** Out-of-school youth are often marginalized members of society. Many living in urban areas have never gone to school and work in low paying jobs such as shining shoes or hawking wares on the street. Because they do not work in centralized locations and have low literacy levels they, like CSWs, need to be reached through counseling or sensitization campaigns.

Military**.** Among the armed forces compromised sexual norms, mobilization of troops along the borders with Sierra Leone and Liberia, and the mobility of military personnel create a situation where military personnel often engage in unsafe sexual behavior.

Miners**.** Guinea has bauxite mining communities in the west and precious metal and gemstone mining communities in the east. Bauxite mining is structured, enabling married miners to live with their families in the bauxite mining areas. Metal and gemstone mining, on the other hand, is generally artisanal. These mining areas create lifestyle conditions that are similar to the military or transportation industry, often requiring men to live away from their families for long periods of time.

Refugees**.** The areas most affected by refugee migration are among the hardest hit by the AIDS epidemic. Refugees are receiving a range of assistance through the U.S. Department of State's Bureau of Population, Refugees and Migration (PRM) and other donors. While no explicit activities are currently planned under this strategy, the Mission will attempt to assure that the implementing NGOs and faith-based organizations providing medical care and support in the Mano River region for refugees

include HIV/AIDS prevention and counseling in their programs. In addition, USAID will explore technical or other assistance from the West Africa Regional Project (WARP) which targets West African refugees living in adjoining countries. A brief summary of the PRM and other donor's activities and funding levels is included in Annex 3.

1.9 Socio-Economic Impact of HIV/AIDS in Guinea

HIV/AIDS is more than a health crisis as eastern and southern African countries in the more advanced stages of the epidemic have experienced. Many were too late in structuring an adequate multi-sector response to the epidemic and have seen hard-won social and economic gains wiped out. The socio-economic impact of HIV on Guinea is examined below in five areas crucial to the well being of a society.

Child Welfare. Currently, almost two Guineans in ten do not live to see their fifth birthday[7]. As the AIDS epidemic develops, this alarmingly high rate will increase. HIV positive infants have little chance of surviving through childhood. HIV negative babies who have one or more infected parents will have compromised health, education and general security. Children, who otherwise would attend school, may need to help care for the ill and substitute for their labor. More of the family's limited funds will be spent on caring for the sick, instead of educating children or supplementing the family's diet. Orphans are disadvantaged as there are few social support systems outside of the extended family. Even if children do not lose a parent to AIDS, HIV compromises their lives, particularly if they attend school. As more teachers die of AIDS-related illnesses each year, student/teacher ratios become less favorable and younger, less experienced teachers are assigned to schools with the result that educational quality is compromised.

Financial Well Being. Guinea is primarily an agrarian society, with 80% of the population living in rural areas and 443,000 households citing agriculture as their principle source of income[8]. Subsistence farming is a fragile livelihood, with a number of factors coming into play to threaten a family's well being. When the breadwinner's health weakens, younger members of the family often cannot replace his or her experience and physical strength. The time required to care for the sick adult reduces time available for cultivating fields. Once the breadwinner dies, younger heads-of-households may not have similar access to credit opportunities, which in turn reduces the productivity of the land. Finally, land tenure claims may not be respected if the head of household dies prematurely. Young children may not have a legal right to their father's land. All these factors lead to a decline in crop yields, which reduces the cash income earned by the family in the sector that affects the majority of Guinean families. In the non-agricultural sector, there are similar difficulties. Scarce funds that would otherwise have been used to feed or educate the family may be used to purchase medicine. With one formal sector employee typically supporting upwards of fifteen or more extended family members, the well being of a large number of dependants is affected if the breadwinner contracts HIV.

Human Rights. As the response to the epidemic evolves, the issue of human rights for people living with HIV/AIDS will become more crucial. Issues of discrimination in the

[7] The Infant/Juvenile Mortality Rate in Guinea is 177/1000. Demographic Health Survey, 1999.
[8] Guinea Country Brief, The World Bank Group. 2001.

workplace and elsewhere, stigma, confidentiality, care for people living with HIV and AIDS; drugs to treat opportunistic infections; access to anti-retroviral drugs and other issues have not yet been addressed at the policy levels in Guinea. If Guinea establishes effective VCT programs, it will enable more people to know their serostatus. The GOG, NGOs, and others active in promoting human rights and good governance will play a pivotal role in facilitating the development of policies and programs to protect the rights of all who are affected by the HIV/AIDS epidemic.

Productive Output. The U.S. National Intelligence Council estimates that economic growth begins to decline when the HIV prevalence level reaches about 5%. At 20%, the cost is more than 1% of gross domestic product annually[9]. HIV/AIDS permeates all sectors of employment. It has the potential to reduce crop yields for subsistence farmers. Guinea is already experiencing a teacher shortage with an estimated shortfall of 2,000 teachers per year[10] and deaths among teachers from AIDS could cause shortages in the classroom, particularly in rural schools. In the private sector, AIDS-related illnesses increase expenditures and reduce revenues, through the reduction of output. Health care costs for companies that provide coverage increases, training expenses must be increased for replacement employees, and highly skilled posts may go unfilled for long periods of time. The most important private sector industry in Guinea is bauxite mining. Bauxite and alumina are Guinea's only major exports and twenty-five percent of the world's known bauxite reserves are located in Guinea, providing a much-needed source of foreign exchange for the country[11]. Miners typically have a range of communicable diseases such as pneumoconiosis, asbestosis, silicosis, tuberculosis and frequently, STIs. Deaths from AIDS significantly disrupt operations, particularly when highly skilled employees such as geologists and engineers are lost.

National Security. The proliferation of HIV/AIDS is a threat to national security. The HIV prevalence rate in the armed forces is higher than that of the general population. In Guinea the rate is 6.6% compared to the national rate of 2.8%. Soldiers are typically young, frequently live apart from their families and are prone to risky sexual behavior. HIV acts to weaken the economy and increase the stresses on the government. Rebellion and crime can become more prevalent as economic hardship increases. HIV/AIDS leaves a large number of out-of-school youth without hope for their future. They may then be vulnerable to the influence of extremists or others with an agenda to change the current regime.

2. Mission Strategy and Results Framework

The HIV/AIDS strategy supports the Mission goal[12] of "Improved economic and social well-being of all Guineans in a more participatory society." It also supports the Health Strategic Objective[13] which aims to promote "Increased use of essential FP/MCH and STI/AIDS prevention services and practices."

[9] USAID Responds to HIV/AIDS, 2001
[10] Estimation made by Dr. Alpha Ibrahima Bah, USAID/Guinea Education Team Leader
[11] Ibid.
[12] See Annex 1 for Mission Strategic Framework
[13] See Annex 2 for SO2 Results Framework

2.1 HIV/AIDS Program Objective

The HIVAIDS program activities were not designed to be and have not been approved as a separate Strategic Objective. However, in an effort to clarify the results, which will be expected from the HIV/AIDS activities of the Mission, a separate HIV/AIDS *Program framework* is proposed. This framework expands on the results in the Health SO and also includes a separate result to reflect the important cross-SO HIV/AIDS work underway within the USAID Mission.

2.2 Key Intermediate Results

Four intermediate results taken together, will contribute to the overall objective of increasing the use of HIV/AIDS prevention services, products and practices. Building on the development hypothesis that underpins the current Health Strategy, the first two IRs focus on increasing demand for and access to HIV/AIDS prevention services and in high-risk groups and high prevalence areas. IR 3 works to promote an enabling policy environment, which will lead to support from the Government of Guinea, monitoring of the epidemic and additional coordinated support from other stakeholders in the country. IR4 reflects the Mission's efforts to assure that HIV/AIDS is integrated into the on-going work of all the strategic objective teams: in natural resource management, education, democracy and government and the Special Project Objective.

2.3 Strategic Approach

The USAID/Guinea strategy responds to the needs of the Guinean situation by focusing on the following six guiding principles with a view to stabilizing HIV prevalence levels:

Maximizing impact through targeting. USAID/Guinea will support activities that affect the lives of Guineans who are most at risk of acquiring HIV as indicated by the most current and reliable HIV prevalence and behavioral data. The highest HIV prevalence levels are at this stage primarily an urban phenomenon. Therefore, to stem the tide of HIV transmission, USAID/Guinea HIV prevention and support activities will focus primarily on high-risk groups and high prevalence areas.

Promoting multi-sector approaches. The Mission is beginning interventions in the DG, NRM and Education sectors. USAID/Guinea will capitalize on the vast reach of its activities to increase knowledge of HIV and prevention methods at the community level by using multi-sector channels to spread prevention messages and promote behavior change within at-risk groups. The strategy's focus will be to promote child welfare, human rights and financial well being, and to maintain productive output and national security to counterbalance the consequences of the epidemic.

Achieving Top-Level Political Commitment. The recent decision by the Guinean government to elevate the leadership of the national HIV/AIDS program into the Office of the Prime Minister from the Ministry of Health presents an ideal opportunity for USAID/Guinea to bring donors together in support of the new leadership.

USAID/Guinea HIV/AIDS Program Framework

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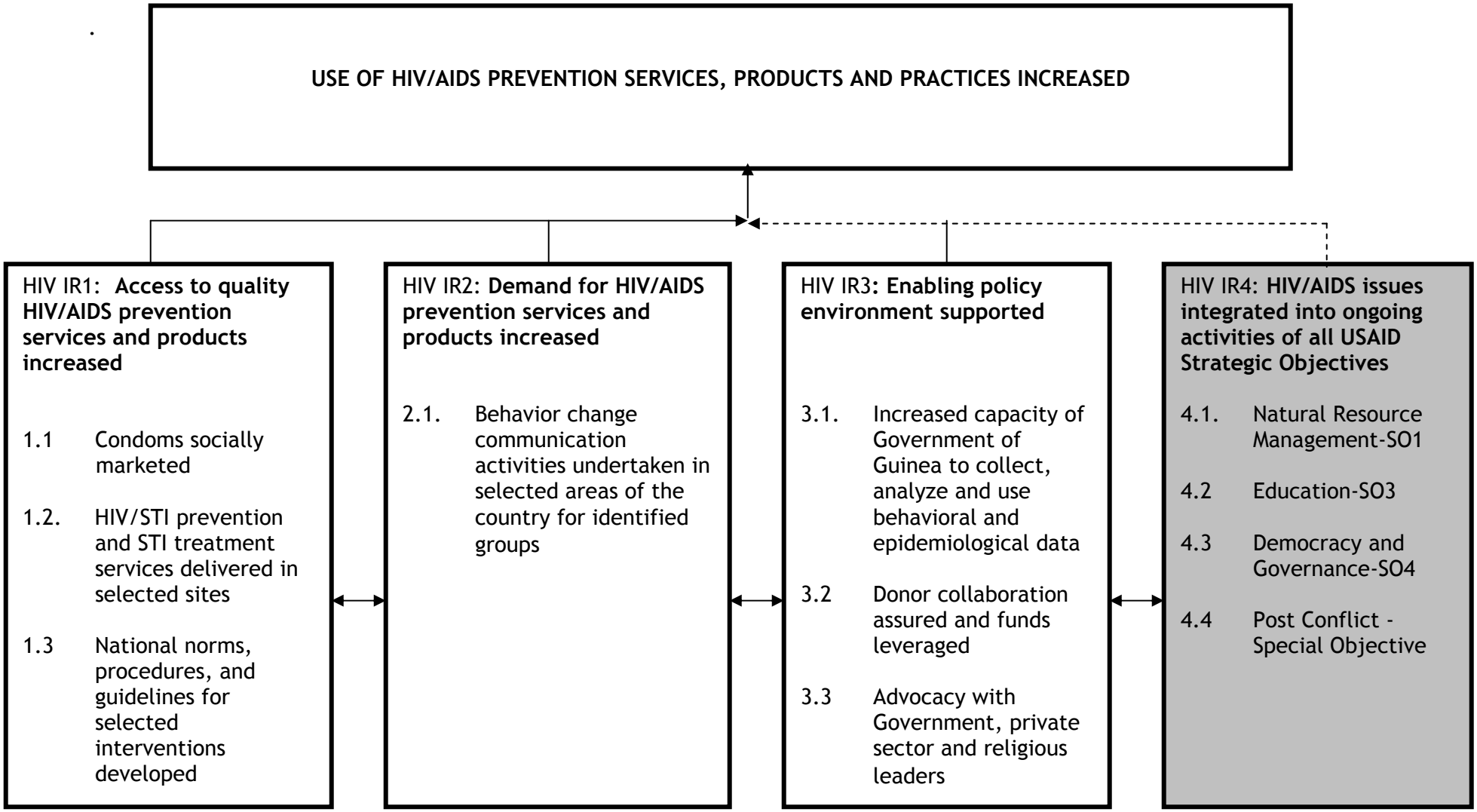


Collaborating with other stakeholders. USAID/Guinea cooperates with other donors and works within the framework of the GOG's approach to reduce duplication and maximize the reach of HIV prevention interventions. The re-established AIDS Donor working committee, under the chair of the permanent UNAIDS representative, will revitalize collaboration.

Supporting human rights and gender equality. USAID/Guinea-funded HIV prevention and support initiatives foster gender equality by promoting the rights of women, educating them about their risks, building their negotiation skills, and advocating for changes in practices and policies that facilitate the spread of HIV.

Managing the prevention-to-care continuum. Surveillance, counseling and other forms of support are essential to containing the spread of HIV in Guinea. USAID/Guinea will build on the findings of the 2001 HIV seroprevalence study to continue to monitor HIV prevalence and to create systems of support for those living with the virus.

2.4 Rationale

Given the limited resources available, the USAID/Guinea strategy proposes to target interventions to have the maximum impact. The 2001 HIV seroprevalence study showed that HIV/AIDS is largely an urban phenomenon. To maximize impact, the Mission will begin intensive HIV prevention activities in Conakry and focus primarily on groups at highest risk – sex workers and their partners, transport industry workers, and out-of-school youth.

In Upper Guinea, we will continue our bilateral activities addressing high levels of STIs and HIV/AIDS prevention activities among high-risk groups of sex workers, adolescents, the military and miners. We will initiate or continue joint projects with the Guinean military, Alcoa and the bauxite mining communities given their seroprevalence rates and known risk behaviors. Greater outreach into the targeted populations outside of the high prevalence areas will be partly achieved by building on the extensive network of community-based groups with whom USAID/Guinea's Strategic Objective teams work in the natural resources management, agriculture, education, and democracy and governance sectors.

To maintain and expand these activities we will work closely with other donors to leverage funds where possible.

2.5 Critical Assumptions

The success of USAID/Guinea's HIV Strategy depends on a number of conditions:

Improved Coordination with Other Donors. Relatively low levels of USAID funding make it imperative that USAID/Guinea collaborate with other donors to achieve mutually agreed results. It is assumed that other donors who have expressed interest or are already working in areas across the HIV/AIDS prevention-to-care continuum will maintain their commitment.

Continued Government Commitment. The USAID/Guinea strategy assumes that sufficient levels of GOG commitment, high-level buy-in and human, if not financial, resources will materialize if the strategy is to achieve its results.

Continued Stability of Guinea. Political instability, particularly if it occurs in the border zones and the Forest Region, would jeopardize the success of the strategy, as resources would be diverted by the GOG to secure the Guinean border with Liberia and Sierra Leone.

Flexibility. Intermediate Result 2 requires the participation of implementing partners from the non-health sector to address HIV prevention among their target populations. The motivation to do so assumes additional resources (human and possibly financial), flexibility on the part the partners in the interpretation of their contractual obligations and encouragement from USAID/Guinea to develop appropriate HIV interventions to make the multi-sector approach a reality.

Funding Levels The success of the strategy requires that at least the lowest projected funding level outlined in Section 4 be maintained by the Agency.

2.6 Special Concerns

Designers of activities will need to take into account the role that tradition plays in Guinean social life. Based on USAID/Guinea's experience, the most significant of these are:

Cultural Practices. Female genital cutting (FGC) is a near universal practice in Guinea that can lead to tearing and bleeding during intercourse and thereby an increased risk of acquiring HIV. Interventions will have to be sensitive to a tradition that defines the identity of a people and confers social status on particular segments of society such as the elderly women who perform this operation.

The Status of Women in Society. Guinean women are economically and socially dependent on men and consequently have limited negotiation power although in general women are much more aware of the risk that HIV poses to their health than are men.

Status of Youth. Low economic and social status together with religious and cultural norms encourages cross-generation unions that compromise the health of young people. Among out-of-school and urban youth, politically unstable areas show significantly higher HIV prevalence rates than do stable regions.

Involvement of People Living With HIV and AIDS. Guinea does not yet have a spokesperson for people living with HIV/AIDS. There are few functional associations that provide psychosocial or economic support for people living with the virus. Once VCT activities are in operation, more people will come to know their HIV prevalence status. This type of facility must be twinned with an organization that provides support for people affected by and infected with HIV. At the same time, bold Guineans living with the virus can begin to speak out and fight for support and understanding, which will go far towards breaking down the taboos associated with being HIV positive.

2.7 Major Planned Interventions

HIV IR1: Access to quality HIV/AIDS prevention services and products increased

IR1.1 Condoms socially marketed

There is an ongoing social marketing program in Guinea that is co-funded by USAID and the KfW. Condoms are one of the commodities included in this program and annual condom sales have reached 7.5 million per year. Condoms are available in small commercial outlets in 100% of the sub-prefectures in rural Guinea. USAID and KfW plan to continue and strengthen this activity and will collaborate with the World Bank's 100% condom availability initiative to ensure that condoms are available wherever needed. This component will work closely with USAID's new communication initiative.

Essential Program Elements

- Condom Sales
- Condom brand advertising
- Generic AIDS prevention communication

Target Groups: populations engaging in high-risk behavior; out-of-school youth; general population

Illustrative outcomes:

- Sales outlets increased
- Increased numbers of condoms sold

IR1.2 HIV/STI prevention and STI treatment services delivered in selected sites

In collaboration with other partners such as the World Bank and the Canadian SIDA3 project, USAID/Guinea through the PRISM project has introduced STI/HIV/AIDS prevention services in 89 health centers in Upper Guinea. Due to USAID's assistance nearly half of these health centers also offer STI treatment services. USAID funds training, technical assistance and follow up, while the other partners contribute drugs and equipment. USAID will continue to integrate STI treatment services into remaining health centers in Upper Guinea and collaborate with other partners in high prevalence areas, e.g., Conakry, who are working with targeted high-risk groups to ensure that high quality treatment and prevention services are available throughout USAID's intervention zones.

Essential program elements:

- Health care providers trained
- STI treatment drugs are available
- Facilitative supervision undertaken

Target groups: health care providers; MOH regional and local authorities

Illustrative outcomes:

- Increased numbers of clients treated for STIs in accordance with MOH norms and procedures

- Increased numbers of health facilities offering STI/HIV/AIDS prevention and STI treatment services

IR1.3 National norms, procedures and guidelines developed for selected interventions

There is a need to stimulate national priority setting for a range of technical issues which have become concerns, but which may not yet have technical guidelines to guide health worker or policy actions. These may include stigma reduction, VCT, PMTCT, ARVs, treatment protocols for care, support and treatment of PLWHA, breastfeeding, palliative care; treatment of opportunistic diseases and tuberculosis.

Essential program elements:

- Meetings with key technical leaders to articulate and develop technical policy documents
- Dissemination of key technical documents
- Promote adoption of key technical interventions

Target groups: Technical specialists; government and opinion leaders; NGO partners

Illustrative outcomes:

- Policies, norms and procedures adopted at the national level
- Standard technical knowledge available throughout the country

HIV IR2: Demand for HIV/AIDS prevention services and products increased

IR2.1 Behavior change communication

Given the tremendous gap between knowledge and behavior, USAID will support a targeted communication project will address largely high-risk groups. The activity will use interactive, community-focused education and skill building approaches that will personalize risk by incorporating the daily realities of targeted populations into HIV/STI messages and activities. Using a range of media and formats, from radio soap operas to workplace discussion groups, from outdoor advertising to newspaper columns, from folk media to social marketing, comprehensive BCC interventions will link mutually reinforcing messages that build a supportive environment for widespread, sustained adoption of safer sex behaviors. Outside of Conakry, behavior change interventions will continue in the on-going public sector health activity targeted to a high-risk group of metal and gemstone artisanal miners and, if funds are available, with workplace programs with Alcoa and the Guinea military.

Illustrative program elements:

- Behavior change programs in targeted areas for high risk populations (includes condom promotion, peer education, outreach activities and key partnerships with leaders and decision makers)
- Production of IEC materials in French and local languages
- Mass media campaigns
- Incorporation of STI diagnosis and treatment referrals and service
- Capacity building for NGOs which will carry out training activities

- Training of peer educators and key leaders in public/private sector

Target groups: commercial sex workers and their partners; transport industry workers, out-of-school youth; miners, military; TB patients and other high risk groups as appropriate

Illustrative outcomes:

- Target groups are able to cite two correct methods to reduce HIV transmission and report safer sexual behavior (abstinence, partner reduction, condom use)
- Peer educators and community leaders trained
- IEC materials are available in target areas
- Multi-media campaigns undertaken in target areas
- Local institutions have increased capacity to carry out BCC and other activities

HIV IR3: Enabling Policy Environment Supported

IR3.1 Increased capacity of Government of Guinea to collect, analyze and use behavioral and epidemiological data

Since 1996, no government surveillance data has been available nationwide to track HIV trends; use for advocacy or set priorities. With the exception of the USAID-funded DHS, carried out every 4 years, surveys generally are not systematic and available data are fragmented or inaccurate. A reliable system of collection and analysis of both behavioral and epidemiological data is needed to capture trends in the epidemic and allow effective planning and implementation of future interventions. The USAID-funded seroprevalence survey undertaken in 2001 and the recent consultancy on the sentinel surveillance system provide a good start to establishing this system.

Essential program elements:

- Re-establishment of a nationwide sentinel surveillance program through collaboration with the World Bank and GTZ
- HIV/AIDS module included in the Demographic and Health Survey undertaken in 2003 or 2004.
- Periodic assessments, behavioral surveillance surveys (BSS), serological surveys or other types of surveys will be undertaken to track the epidemic and monitor the results of USAID's interventions.

Target groups: donors and partners to jointly fund surveys; targeted populations for the surveys themselves

Illustrative outcomes:

- Sentinel surveillance sites rehabilitated and functioning
- HIV/AIDS data available from the DHS survey
- Information available to monitor USAID's progress

IR3.2 Donor collaboration assured and funds leveraged

In order to maximize the Government's HIV/AIDS strategic plan, USAID/Guinea will seek to improve collaboration and leverage funds as part of its HIV/AIDS prevention

and support program. USAID's implementing partners and USAID's health team actively seeks to establish relationships with other donors to maximize the impact of its HIV/AIDS interventions. Past partnerships have included: USAID and KfW co-funded a nationwide condom social marketing program implemented by PSI; USAID, the World Bank and the Canadian-funded SIDA3 project partnered to introduce STI treatment in health centers in Upper Guinea; USAID, UNICEF, UNFPA, the World Bank, and GTZ funded the 2001 National HIV Prevalence Survey; USAID and GTZ co-sponsored a consultancy to explore the possibility of re-establishing HIV sentinel surveillance in Guinea; USAID, GTZ and UNAIDS assisted the Ministry of Health in the training of 42 HIV counselors from around the country and procurement of HIV test kits

Target groups: UNAIDS, UNICEF, GTZ, KfW, Alcoa, World Bank, SIDA3, DOD

Illustrative outcomes:

- Collaborative donor activities begun
- Funds from partners for joint activities leveraged

IR3.3 Advocacy with Government of Guinea, private sector and religious leaders
High-level government, private sector, religious and other opinion leader support is key to stopping the epidemic from spreading. USAID will use all available means to engage the GOG and influential non-governmental leaders in raising awareness of the HIV/AIDS epidemic and adopting favorable policies that will reduce its spread. USAID recently sponsored three leaders of the Guinean Parliament to a regional West African parliamentarian conference and has since received a proposal from the Parliament for publicizing the AIDS epidemic.

Essential Program elements:

- Dialogue with key GOG leaders by USAID, U.S. Embassy, U.S. Defense Attache and other donors including multi donor UNAIDS Thematic Group.
- Serve on Guinea's Global Fund Country Coordinating Mechanism (CCM)

Target Groups: The President of Guinea; high-level government officials; military leadership; parliamentarians; CNLS, private sector, religious and opinion leaders

Illustrative outcomes:

- Policy dialogue with the political, religious, private sector and other influential leaders results in appropriate HIV/AIDS policies, laws and proclamations
- Follow-up of the West African meeting on orphans and vulnerable children

HIV IR4: HIV/AIDS issues integrated into ongoing activities of all USAID Strategic Objectives

Multisectoral activities across the various USAID strategic objective teams and partners are mandated in a Mission Order and are increasingly being understood and welcomed as an integral part of all activities, regardless of sector. The Mission understands that HIV IR4 clearly differs from the other IRs since it is a *means* to achieve the objective (*Use of HIV/AIDS prevention services, products and practices increased*), rather than a result (increased access, demand, or enabling environment). Nevertheless, given that

caveat, the Mission wishes to include IR4 in its framework to show the Mission's commitment to multisectoral activities.

IR4.1 Natural Resource Management - SO1
The Natural Resource Management SO has an established network of rural extension agents located in Middle Guinea for whom HIV/AIDS prevention training could become integral to their role. Current plans call for a 24-segment radio drama addressing issues related to HIV/AIDS and rural development and a comic book series based on the same material as the radio drama undertaken by Winrock International. Prefecture-level agents from partner NGOs will conduct follow-up question and answer sessions at the village-level, based on the material communicated in the radio drama and comic book series. Targets are rural extension workers, partner NGOs and communities.

IR4.2 Education - SO3
Funds are being sought to enable the partners to build upon the on-going activities in curricula development and teacher training. Ongoing work with the Ministry of Education could result in an educational radio series targeting out-of-school youth about sexuality, HIV prevention and female empowerment could be developed and broadcast on national and rural radio. Partners could be supported to work within pilot areas at the middle school level in the area of HIV prevention. Health education materials, which have been developed, could be reproduced and disseminated. Target groups are teachers, out-of-school youth, and middle school students.

IR4.3 Democracy and Governance - SO4
SO4 promotes the rights of those with HIV/AIDS by working at the national level with elected officials to create policies that guarantee the right to access information about HIV/AIDS; the right to protect oneself from becoming infected; and the civil rights of those living with AIDS. DG's current work with the CLUSA training programs focuses on ways in which sexual behavior can be openly talked about and the means by which people, particularly youth, can protect themselves from becoming infected with HIV. Partners are community leaders, community groups and communities members.

IR4.4 Special Objective - Facilitating Post-Conflict Transition in the Forest Region
USAID/Guinea has an approved special objective to facilitate post-conflict transition in the Forest Region. Recent armed incursions into the Forest Region of Guinea from Sierra Leone and Liberia significantly damaged infrastructure and caused a large number of internally displaced persons as well as an influx of refugees. During the conflict, many youth "civil defense volunteers" were conscripted to assist in resisting the incursions. The GOG intends to demobilize this group, which is at risk for AIDS transmission. Sudden civilian status, without means of support, could result in activities such as banditry that would be detrimental to reestablishing stability in this region. USAID will investigate the possibility ESF funding for this purpose. The key program element would be to undertake AIDS prevention activities for the former youth military volunteers.

2.8 Implementation Mechanisms

USAID/Guinea will use a mix of implementation mechanisms to conduct the activities outlined in this strategy including at least one bilateral cooperative agreement and

field support through centrally procured grants and contracts. Condom Social Marketing activities will continue to be funded by bilateral population funds that are highly leveraged by German Cooperation through the KfW funding mechanism. The targeted behavior change communication activity and VCT activities to be based in Conakry may be funded through field support or through a separate bilateral procurement. Either mechanism should include grant-making authority to support local NGOs or community based organizations.

Bilateral funds will remain the source for the PRISM activities undertaken by MSH and JHU/CCP, USAID's implementing partners in Upper Guinea. Technical assistance for sentinel surveillance and VCT will be provided through the centrally funded IMPACT Project. Funds for the multi-sector activities will come from bilateral funding mechanisms, with eventual financial buy-in from other Strategic Objective teams to supplement the Health SO's contribution. Resources permitting, the Mission will use bilateral support to scale up activities initiated by the U.S. Department of Defense with the Guinean Military and to create a public-private partnership with Alcoa to support HIV prevention activities in the bauxite mining areas of Lower Guinea. The following illustrative budget shows current USAID/Guinea resource allocation plans, assuming that the available HIV/AIDS funding remains constant through FY 2005.

Activity	2002	2003	2004	2005	Total	percentage
New BCC and NGO sub-grant activities in high-risk, high prevalence areas	1,500,000	1,500,000	1,500,000	1,700,000	6,200,000	70.4%
PRISM (Upper Guinea)	200,000	200,000	200,000	0	600,000	6.8%
IMPACT (TA)	150,000	50,000	100,000	0	300,000	3.4%
Other sector HIV/AIDS	250,000	50,000	150,000	0	1,000,000	11.4%
Program support	100,000	0	100,000	100,000	400,000	4.5%
Condom Social Marketing (HIV/AIDS funding)	0	400,000	150,000	400,000	950,000	10.8%
Total AIDS funding (anticipated)	$2,200,000	$2,200,000	$2,200,000	$2,200,000	$8,800,000	
Other Social Marketing (population, CS funding)	730,000	660,000	790,000	600,000	2,780,000	

2.9 Mission Management of the Program

The HIV Coordinator will be based in the Health Strategic Objective Team and report to the Health SO Team Leader. The HIV/AIDS Coordinator will chair the HIV/AIDS Working Group that will continue to provide strategic direction and oversight during strategy implementation. The Working Group is composed of representatives of each

SO Team, the Mission's Strategic Planning and Results Center (SPRC) and support offices.

The Coordinator will be responsible for:

- Maintaining the flow of information about the status of strategy implementation within and outside of USAID/Guinea
- Coordinating and liaising with the GOG, other donors and USAID/Guinea's implementing partners to ensure maximum impact
- Ensuring continuous policy dialogue within the Mission and wider environment,
- Ensuring that the SO Teams' contributions to HIV prevention are aligned with the strategy
- Reviewing strategy impact with a view to refining the strategic focus.

3. Results and Reporting

3.1 Magnitude and nature of expected results

USAID/Guinea's HIV/AIDS program will be designed to raise awareness and change behavior. The ultimate aim is to contribute to the reduction of the spread of HIV infection in Guinea, particularly among high-risk populations in high prevalence areas of the country. Given the limited resources of USAID/Guinea, the expected results for the proposed HIV/AIDS program objective are as follows:

- The national HIV prevalence rate by the year 2005 for both men and women age 15- 24 will remain stable at the respective 2001 baseline rates of 2.7% and 2.4%.
- Percentage of sexually active population with multiple partners will be reduced from baseline rates in 1999 of men (47.4%) and women (12.4%) to 40 % for men and 11 % for women in the year 2008.
- Condom use at last risky sexual encounter doubled by the year 2005 compared to 1999 DHS Baselines of 27.0% for men and 17.6% for women.
- Median age at first sex among young women 20-24 increased from 16 in 1999 (DHS) to 17 by the year 2005.

Concerning the last three expected results, next year, we would presumably obtain a more precise baseline based upon the 2004 DHS.

3.2 Country Reporting and Performance Indicators

Illustrative indicators that could be used to measure achievement of results at the SO and IR levels are listed below. A Performance Monitoring Plan with input from implementing partners will be prepared after the strategy has been approved.

Illustrative Indicators for the HIV Program Objective: ***Use of HIV/AIDS prevention services, products and practices increased***

See proposed indicators above.

Illustrative Indicators for HIV-IR1: ***Access to quality HIV/AIDS prevention services and products increased***

- Number of condom sales outlets
- Number of condoms sold in areas where risky sex is occurring
- Number and percent of clients treated for STIs in accordance with national norms and procedures
- Number of guidelines, norms, and procedures adopted at the national level

Illustrative Indicators for HIV-IR2: ***Demand for HIV/AIDS prevention services and products increased***

- Number of clients at VCT centers
- Percent of high-risk women knowing that condoms can prevent HIV
- Percent of out-of-school youth knowing that condoms can prevent HIV
- Number of selected high risk clients seeking BCC or interpersonal services (sex workers, truckers, out-of-school youth)

Illustrative Indicators for HIV-IR3: ***Enabling policy environment supported***

- Dollars leveraged to support joint activities
- Number of collaborative donor activities
- Number of HIV sentinel surveillance sites functioning
- Number of religious, community or political leaders sensitized to HIV prevention

Illustrative Indicators for HIV-IR4: ***HIV/AIDS issues integrated into ongoing activities of all USAID Strategic Objectives***

USAID/Guinea's HIV/AIDS strategy calls for the implementation of prevention activities by all of the Mission's strategic objective teams. Activities undertaken through the non-health strategic objectives of USAID/Guinea most likely will support the achievement of HIV-IR2: D*emand for HIV/AIDS prevention services, products, and practices increased*. The Mission has made HIV IR4 a separate intermediate result in order to demonstrate the priority given to this multisectoral approach and to allow for close monitoring of HIV/AIDS funds allocated to non-health SOs. Process indicators for which non-health SO partners can provide data will be developed with them as they develop their activities.

3.3 Contribution to international and expanded response goals

In terms of the classification system informing the 2007 International Targets, Guinea is neither a high-prevalence or low-prevalence country. The general HIV prevalence rate of 2.8% puts it well above the 1% ceiling for low prevalence countries yet does not compare to the rates in high prevalence countries in many parts of sub-Saharan Africa. As such, few of the international HIV prevention targets apply to the Guinean epidemic.

As the goal of USAID/Guinea is to stabilize current HIV prevalence rates and thereby avoid becoming a high prevalence country, the first three of the four 2007

international targets will be adopted to the extent that budget and leveraging opportunities allow:

- Reduce HIV prevalence rates among those 15-24 years of age by 50% in high prevalence countries
- Ensure that at least 25% of HIV/AIDS infected mothers in high prevalence countries have access to interventions to reduce HIV transmission to their infants
- Help local institutions to provide basic care and psychosocial support services to at least 25% of HIV infected persons and to provide community support services to at least 25% of children affected by AIDS in high prevalence countries
- Maintain prevalence below 1% among 15-49 year olds in low prevalence countries.

3.4 Planned surveillance, surveys and other monitoring and evaluation activities

The 2001 HIV seroprevalence study provided the first detailed information on the state of the epidemic in Guinea in five years. USAID/Guinea will monitor the progress of the epidemic through the re-established sentinel surveillance sites that it hopes to support. This activity will be leveraged in collaboration with GTZ in anticipation of World Bank funding through the MAP mechanism. USAID's contributions funded the feasibility study, and will support the training of laboratory technicians, the provision of short-term consultants to monitor and evaluate the program and possibly other activities based on the conditions outlined above. Should the reestablishment of the system fail, USAID/Guinea will conduct another HIV seroprevalence study in 2005.

Implementing partners will be required to report on the indicators noted in Section 3.2. Other indicators will be measured during the next Demographic Health Survey scheduled for 2004.

4. Resource Levels and Activities

In FY02, the Agency geographically redefined its approach to support international AIDS prevention targets. It has organized its response around three categories of countries - rapid scale-up countries, intensive countries, and basic countries. Guinea is categorized as a "Basic," in which resources are to be used to maintain technical assistance, training, and commodity support, and to encourage other sources of funding and support to help the country achieve the 2007 goals. Guinea's classification was undertaken prior to the release of the results of the 2001 HIV seroprevalence study, when the severity of the epidemic in Guinea was underestimated. USAID/Guinea will work within the Agency's Expanded Response framework to maximize program impact despite a restricted budget but will advocate to be considered an 'intensive focus' country during the next round of classification in 2004.

The illustrative activities are based on two funding scenarios: $2.2 million per year and $4 million per year, the former being the level which Guinea receives as a Basic country under the Expanded Response strategy.

4.1 Straight-Lined Funding

Assuming funding at the current level of $2.2 million in HIV/AIDS funds in FY02, FY03 and FY04, USAID/Guinea will target high-risk groups in Conakry; continue to undertake integrated activities in Upper Guinea

Condom Social Marketing. National condom social marketing activities are highly leveraged by German Cooperation support will continue at current levels (approximately $750,000 per year) through the end of the current Mission Strategic Plan in 2005.

Sexually transmitted infection programs in Upper Guinea will continue through the bilateral program to prevent, treat and manage STIs in both the public and private sector.

Behavior Change Communication. USAID/Guinea will launch a targeted communication project, as detailed in Section 2.7, with geographic coverage limited to Conakry and the highest-risk groups such as commercial sex workers, transporters, and out-of-school youth. Limited media productions will target the general population.

Behavioral and epidemiological surveillance. Working in collaboration with the World Bank, GTZ and the Guinean Government USAID/Guinea will provide modest support to re-establish the sentinel surveillance program. USAID, along with other donors, plans to undertake a DHS in 2003 and will undertake periodic serological and behavioral surveys to confirm strategic direction, inform decision-making and maintain commitment.

Voluntary Counseling and Testing. USAID would work with other donors to support the operation of a VCT facility in Conakry. The October 2002 counseling and testing training conducted by Family Health International/IMPACT for 40 public sector counselors is another example of the kind of support that we can provide under this scenario.

Policy and advocacy. USAID staff will continue to participate in government and donor working groups to assure donor collaboration and leverage funds where possible and to promote appropriate Government policies and activities.

Short-term technical assistance. USAID would expect to provide short-term technical assistance to help develop norms, standards, policies and procedures for VCT, PMTCT, provision of ARVs and other interventions, which have not yet begun in Guinea. In addition, USAID would call on USAID/W core technical assistance in key areas such as building capacity of local NGOs involved in care and support activities, including home based care, orphans and vulnerable children, stigma reduction, and advocacy of all kinds.

Multisectoral programs. $250,000 will be available to support HIV prevention activities outside of the health sector. Other SO teams will be encouraged to dedicate additional funds in the coming years to extend the reach of the Mission's multi-sector HIV prevention initiatives. Currently, the Mission will rely largely on the good faith of

its partners to continue to implement the HIV prevention Mission Order through existing funding sources.

New Business Model Partnership with Alcoa. If funding is straight-lined throughout the three years, this scenario does not provide adequate funds to establish a partnership with Alcoa.

Leveraging with DOD. USAID/Guinea would no longer be able to scale-up the U.S. Defense Attaché's Office (DAO) HIV prevention intervention, but would continue to assist in proposal writing and project development.

4.2 Increase in Funding Levels

Assuming, $4 million in HIV/AIDS funding in FY2002, FY2003 and FY2004, the following activities will be undertaken:

Condom Social Marketing. National condom social marketing activities are highly leveraged by German Cooperation support will continue at current levels (approximately $750,000 per year) through the end of the current Mission Strategic Plan in 2005.

Sexually transmitted infections programs in Upper Guinea will continue through the bilateral program to prevent, treat and manage STIs in both the public and private sector.

Behavior Change Communication. A targeted national communication campaign for HIV prevention and support is envisioned reaching at-risk groups. The project would be based in Conakry with a satellite office in Forest Guinea. The grantee or contractor chosen to implement the project would develop and implement mass media and interpersonal communication campaigns for those groups at risk of acquiring HIV and create print media support for other USAID/Guinea partners to support their HIV prevention campaigns.

Behavioral and epidemiological surveillance. In addition working in collaboration with the World Bank, GTZ and the Guinean Government to undertake behavioral and serological surveys, USAID/Guinea would help re-establish an HIV surveillance program in Guinea. If feasible, the Mission would ensure proper coverage in high-prevalence areas of the country

Voluntary Counseling and Testing. USAID/Guinea would lead the effort to establish VCT centers in high-prevalence areas of the country including training and procurement of test kits. In addition, USAID/Guinea would support modest outreach programs for people living with HIV, who have been counseled at the center and need referrals and psychosocial support.

Multi-sector Activities. This level of funding will enable USAID/Guinea to support HIV/AIDS prevention and support initiatives in the three other Strategic Objective areas in which the Mission works: education, democracy and governance and natural resource management.

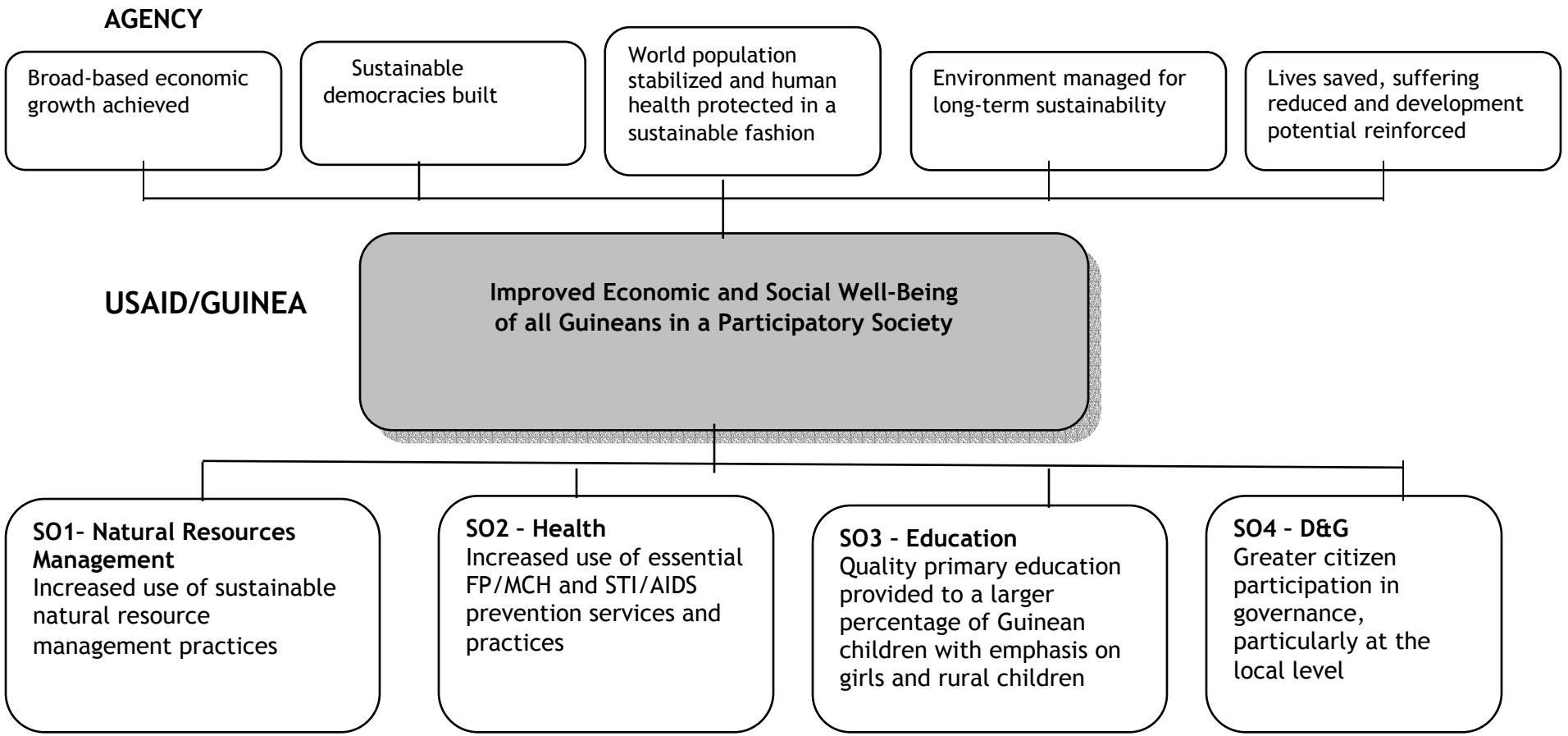
Public Private Partnership with Alcoa. USAID/Guinea would establish a public-private partnership with Alcoa to create a holistic mining intervention in Lower Guinea The partners would design and implement a behavior change communications program that uses CBG's private radio, trains peer educators, trains CBG health staff, and others.

Leveraging with DOD. USAID/Guinea would also scale-up the U.S. Defense Attaché Office HIV prevention intervention with the Guinean military. This activity would likely include providing rapid test kits to screen army recruits and current personnel, counseling training for military health personnel, a communications campaign and the establishment of a condom distribution mechanism.

Annex 1 – Agency Goals and USAID/Guinea Strategic Objectives

USAID/Guinea Results Framework FYs 1998 – 2005

Agency Goals and USAID/Guinea Goal and Strategic Objectives



Annex 2 – SO2 Strategic Framework

Strategic Objective 2: **INCREASED USE OF ESSENTIAL FAMILY PLANNING, MATERNAL CHILD HEALTH, AND HIV/AIDS PREVENTION SERVICES AND PRACTICES**

Indicators:

2.1. Modern Contraceptive Prevalence Rate (CPR)
2.2. Couple Years of Protection (CYP)
2.3. Measles Vaccine Coverage
2.4. Percentage of Births that Benefited from at Least Three Prenatal Care Visits
2.5. Percentage of Men that Report Using a Condom with Non-regular Sexual Partner

Intermediate Result 2.1: **Increased access to essential FP/MCH and STI/AIDS-prevention services and practices**

Indicators:

2.1.1. % of Sub-prefectures with Family Planning and Health Products Points of Sale
2.1.2. % of Health Centers with Fee Schedule Clearly Displayed
2.1.3. % of Health Centers that Provide Family Planning and STI/AIDS Prevention Services

Intermediate Result 2.2: **Improved quality of FP/MCH and STI/AIDS prevention services, products and practices**

Indicators:

2.2.1. % of Health Center Clients Treated in Accordance with MOH Norms and Procedures for MCH and STI/AIDS Services
2.2.2. % of Health Center Clients Counseled in Accordance with MOH Clinical Norms and Procedures for FP, MCH and STI/AIDS Services
2.2.3. % of Health Centers for which the average stock-out time is less than 10% within 3 months prior to observation *(with Essential Drugs and FP Commodities Available)*

Intermediate Result 2.3: **Increased behavior change and demand for FP/MCH and STI/AIDS-prevention services, products and practices**

Indicators:

2.3.1. % of Children Breastfed within One Hour after Birth
2.3.2. DPT3 Vaccine Coverage
2.3.3. % of Women who Desire FP but not Using a Modern Contraceptive Method
2.3.4. % of Children under 5 with Diarrhea Treated with ORS
2.3.5. # of Community and Religious Leaders Oriented to FP and/or HIV/AIDS Prevention
2.3.6. % of Women who Know Condoms Can Prevent HIV Infection
2.3.7. % of Adolescents by Sex (15-24) who Know that Condoms Prevent HIV Infection

Intermediate Result 2.4: **Increased effective response among donors, GOG, community organizations NGOs and private sector in addressing critical health systems constraints**

Indicators:

2.4.1. Resources Supporting USAID/Guinea Health Activities Leveraged from other Donors and NGOs

Annex 3: Other Donor HIV/AIDS Initiatives

German Cooperation. German cooperation, through the KfW grant mechanism, funds three active health sector projects in Guinea:

Social Marketing of Contraceptives. KfW is the primary donor for the PSI Social Marketing project. KfW is planning to continue funding for the current project from 2003-2006, with additional funding possibly available for a Generic Marketing campaign.

Rural Health Care in Guinea. The project was originally carried out in Kissidougou, Gueckedou and Faranah. Initially, the GTZ experts supervised construction and renovation work, and the repair and maintenance of medical facilities. The focus of their work subsequently shifted to promoting primary health care units, training medical personnel, solving organizational and management problems and dealing with the participation of the target groups. At the end of 1997, the project extended to the prefectures of Dabola and Dinguiraye.

Family planning and prevention of HIV/AIDS. This program is integrated into the Ministry of Health and is geographically focusing on Labé, Mamou and Faranah. The activities are focused on improving quality of care, strengthening financial administration and management, partnering with the population in the management of their own health care and an HIV prevention component (which, in all likelihood, will be outsourced). Activities in the field will be limited and this activity is considered a pilot or action-research intervention.

Advisor to the Health Ministry. GTZ also provides an in-house advisor to the Ministry of Health, charged with working with the MOH to encompass adapting health policy to the changing economic and structural conditions, organizing the upgrade of personnel and physical infrastructure, assuring the quality of health services and of the basic and further training for staff, and the ongoing reassessment of sector policy in the light of experience gained in Labé, Mamou and Faranah.

Sentinel Surveillance. GTZ is planning to partner with the World Bank and USAID/Guinea to reestablish an HIV sentinel surveillance program in Guinea. The organization will help equip and train Guinean health and laboratory personnel and may provide additional administrative support for operation of the sites.

Voluntary Counseling and Testing. GTZ collaborated with USAID/Guinea and UNAIDS in the October 2002 training of Guinean health agents in counseling and testing methods. This activity has provided Guinea with a cadre of trained counselors with complete coverage of all prefectures in the country. Future endeavors include using these trained counselors to assist in treating subjects in the sentinel surveillance system. These counselors will provide psychosocial support and will refer patients to doctors specializing in the treatment of HIV positive persons. If the Government of Guinea's proposal to the Global Fund is approved, a mechanism will be put in place to make ARVs available to a pilot group of HIV positive individuals.

French Cooperation. French Cooperation is investing in follow-on behavioral studies based on the USAID funded HIV prevalence study, provides significant training support

to Guinean Government health officers and is looking to expand its interventions in the area of support and treatment of HIV positive people in Guinea, primarily by providing long-term technical assistance to the GOG. French Cooperation is in frequent contact with USAID/Guinea on issues related to Guinean government restructuring and HIV/AIDS research.

Canadian Cooperation. Canadian Cooperation affirmed its presence by increasing funding for the SIDA3 follow-on project that provides technical assistance to the Ministry of Health and provides support and counseling for STI management. The Canadian project works in close collaboration with PRISM, USAID Guinea's integrated public health, and communication program. Project SIDA3 is based in Conakry and has activities in Lower Guinea, but hopes to expand to Middle Guinea by the end of 2002.

The European Union. The E.U. intervenes in only one health activity, providing support to the Guinean Blood Transfusion Program. The National Blood Transfusion Center (NTBC) was established in 1988, with the goal of creating a network of blood storage for medical emergencies. As part of their mandate, the NBTC conducts awareness campaigns on the importance of giving blood. The Center also tests blood for diseases and viruses such as HIV and syphilis.

The NBTC is supported by a grant from the European Union under the *Programme d'Appui à la Sécurité Transfusionnelle* (PAST). PAST began on January 1, 2000 and will provide $1.05 million Euros over the life of the project. During the first two years, significant capital was invested in improving the infrastructure of the NBTC network. The PAST grant enabled the government to construct the National Blood Transfusion Center at Donka hospital in Conakry, to rebuild a Regional Blood Transfusion Center at N'zérékoré, to purchase vehicles, equipment and expendables such as HIV tests and to realize technical assistance trips. The NBTC also receives assistance from the Liege (Belgium) Transfusion Center, including access to funds to maintain operations.

The European Union will to support through a direct grant to the government. It will be the responsibility of the Guinean Government to ensure the viability of the NBTC and to use the resources allocated in the proper manner. This change in funding mechanisms may cause short to medium term disturbances in the ability of the NBTC to manage a completely secure blood transfusion network.

Japanese Cooperation. Japanese Cooperation donates in-kind contributions to the public health sector. Vehicles, refrigerators, vaccines, and other medicines are donated through the funding mechanism of JICA, the Japan International Cooperation Agency. The Japanese also contribute to World Bank activities by providing financing for consultant technical assistance trips.

The World Bank. The World Bank in Guinea is in the first phase of financing a $20 million AIDS intervention as part of their Multi-Country HIV/AIDS Program for Africa (MAP) initiative. Implementers of the program are promoting MAP as a new way of doing business that will enable the WB to provide funding for both projects and programs. MAP funding requires that a high-level technical committee be put in place (in Guinea's case, chaired by the Prime Minister) because of the multi-sector nature of the interventions. The GOG has responded rapidly to this initiative by restructuring

the AIDS prevention, support, and treatment program based on the recommendations of the WB's strategic analysis.

UNICEF and UNAIDS. Recently UNICEF has chaired several meetings on introducing Mother-to-Child Transmission interventions to Guinea. This type of intervention matches their objectives, which are to contribute to the realization of the rights of children and women, to reduce the disparity between the sexes and regions and to assure quality humanitarian assistance to internally displaced populations and refugees. The UNICEF director also chairs the UNAIDS working group and has been instrumental in recruiting a permanent UNAIDS representative in Guinea, who arrived in July 2002.

World Health Organization and UNDP. Fundamental roles are follow-up and advice on health issues. They provide funding support for the national primary health-care program; social mobilization for the national program for human development and support for the PNCS.

UNFPA. The goal of the UNFPA intervention in Guinea is to contribute to national efforts to improve living conditions by reducing poverty. To reach this goal, UNFPA focuses on two objectives: developing quality reproductive health services and making them accessible to all social groups; and improving implementation of population policies and programs that integrate gender equality and equity concerns. As such, UNFPA provides contraceptives to public health centers in two regions of the country: Lower Guinea and Middle Guinea. UNFPA recently was awarded $3 million to begin a new phase of their contraceptive intervention in the two regions.

USAID/Guinea relies on other donors to bring their core competencies to the battle against AIDS and will partner with other donors when fund leveraging will produce mutually beneficial outcomes. With an operational UNAIDS donor coordination committee in place, the Mission is reasonably confident that donor efforts can be better coordinated to reduce duplication of effort, ensure coverage of all aspects of confronting the epidemic and to optimize synergies through leveraging.

Annex 4:
U.S. Department of State Bureau of Population Refugees and Migration (PRM) Programs with HIV/AIDS-Related Components in West Africa FY 2001-2002

International Medical Corps (IMC)/Sierra Leone. IMC has managed several health clinics in Sierra Leone and with the success of the peace agreement has begun an ambitious program to rehabilitate clinics and train local health professionals. Included as part of the training for all maternal-child health attendants is an HIV/AIDS component. IMC is under consideration now for continuation at about $1.2 million for FY02. They have expressed interest in a more robust HIV/AIDS prevention, detection, and treatment program if funds are available.

International Refugee Committee (IRC)/Guinea. Total program ($2,273,296 for FY01) includes components for formal education, unaccompanied minors, Sexual and Gender Based Violence (SGBV), and community preventative health. Under the health education portion of the project, IRC undertakes HIV/AIDS awareness activities aimed at adolescents through boys and girls clubs that are on offshoot of the formal education system.

Save the Children/Guinea. Total program ($723,767 for FY01) includes components on overall child protection, with special attention to the needs of separated children and former child combatants or abductees. Through the use of peer groups, Save incorporates "healthy lifestyle choices" sessions that include HIV/AIDS awareness activities.

American Refugee Committee (ARC)/Guinea. Total program ($1,974,502 for FY02) includes primary and curative health care and SGBV components. Some HIV/AIDS awareness at the community health level is incorporated. ARC has submitted project ideas for additional HIV/AIDS programming if funds are available.

International Federation of the Red Cross (IFRC). The IFRC has incorporated HIV/AIDS awareness for at-risk populations into its training programs at the regional level (PRM support for the regional office in FY02 is $70,000). In Guinea, IFRC will launch a pilot project this year (PRM support for IFRC Guinea in FY02 is $650,000) for peer education on HIV/AIDS in Liberian refugee hosting areas. IFRC has submitted a proposal for more comprehensive HIV/AIDS programming for separate funding.

Annex 5: Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ALCOA	Aluminum Company of America
ARC	American Refugee Committee
ARV	Anti-Retroviral Therapy
BCC	Behavior Change Communication
CBG	*Compagnie Bauxite de Guinée*
CIDA	Canadian International Development Agency
CSW	Commercial Sex Worker
DAO	U.S. Defense Attaché's Office
DOD	U.S. Department of Defense
DG	Democracy and Governance
DHS	Demographic Health Survey
EDC	Education Development Center, Inc.
ESSIDAGUI	National Seroprevalence Study of Guinea
FGC	Female Genital Cutting
GDA	Global Development Alliance
GOG	Government of Guinea
GTZ	German Technical Development Assistance Program
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IFRC	International Federation of the Red Cross
IMC	International Medical Corps
IRC	International Refugee Committee
JICA	Japanese Cooperation
KAP	Knowledge, Attitudes and Practices
MOH	Ministry of Health
NAC	National AIDS Committee
NACP	National AIDS Control Program
NHPPCS	*Projet Nationale de Prise en Charge Sanitaire et Prévention*
NGO	Non-Governmental Organization
NRM	Natural Resources Management
PAST	*Programme d'Appui à la Sécurité Transfusionnelle*
PMTCT	Prevention of Mother-to-Child Transmission
PNLS	*Projet Nationale de Lutte Contre le SIDA*
PRISM	*Pour Renforcer les Interventions en Santé Reproductive et MST/SIDA*
SIDA3	Canadian-funded HIV/AIDS project
SO2	Strategic Objective 2 – Health
SPRC	Strategic Planning and Results Center
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Family Planning Association
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WB	World Bank
WHO	World Health Organization